

CHAPTER 2  
SECTION 5.1

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME:    RECORD TYPE INDICATOR (1-001)			
VALIDITY EDITS			
1-001-01V	MUST = '1' (INSTITUTIONAL)		
RELATIONAL EDITS			
1-001-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND MATCH IS FOUND ON THE TMA DATABASE			
THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST EQUAL THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.			

ELEMENT NAME:    FILING DATE (1-015)			
VALIDITY EDITS			
1-015-01V	MUST BE A VALID JULIAN DATE		
RELATIONAL EDITS			
1-015-01R	FILING DATE MUST BE $\leq$ DATE TED RECORD PROCESSED TO COMPLETION		
1-015-02R	END DATE OF CARE <b>PLUS</b> ONE YEAR MUST BE $>$ FILING DATE		
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	F	CLAIM FILED AFTER DEADLINE
1-015-03R	IF ONE OCCURRENCE OF OVERRIDE CODE =	F	CLAIM FILED AFTER DEADLINE
THEN BEGIN DATE OF CARE <b>PLUS</b> SIX YEARS MUST BE $>$ FILING DATE			

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**ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020)**

**VALIDITY EDITS**

**1-020-01V** MUST BE A VALID STATE/COUNTRY CODE. (REFER TO [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#)).

**RELATIONAL EDITS**

<b>1-020-01R</b>	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

**THEN** FILING STATE/COUNTRY CODE MUST **NOT** BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI)

**ELEMENT NAME: SEQUENCE NUMBER (1-025)**

**VALIDITY EDITS**

**1-025-01V** THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST 2 CHARACTERS MUST = BLANK.

NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: TIME STAMP (1-030)**

**VALIDITY EDITS**

**1-030-01V** MUST BE NUMERIC AND GREATER THAN 0

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: ADJUSTMENT KEY (1-035)**

**VALIDITY EDITS**

**1-035-01V** MUST BE ALPHA, '0' OR '5'

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (1-040)**

**VALIDITY EDITS**

**1-040-01V** MUST BE VALID GREGORIAN DATE.

**RELATIONAL EDITS**

**1-040-01R** DATE TED RECORD PROCESSED TO COMPLETION MUST BE ≤ BATCH/VOUCHER DATE.

**1-040-02R** DATE TED RECORD PROCESSED TO COMPLETION MUST BE < CURRENT SYSTEM DATE.

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<b>ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045)</b>	
<b>VALIDITY EDITS</b>	
<b>1-045-01V</b>	MUST BE VALID GREGORIAN DATE <b>OR</b> ALL ZEROES.
<b>RELATIONAL EDITS</b>	
<b>1-045-01R</b>	IF TYPE OF SUBMISSION =
	D CONTRACTOR DENIAL <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
<b>THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.</b>	
<b>1-045-02R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE</b>	
<b>UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD</b>	
<b>THEN DATE ADJUSTMENT IDENTIFIED MUST BE THE SAME AS IN THE RECORD ON THE TMA DATABASE</b>	
<b>1-045-03R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN DATE ADJUSTMENT IDENTIFIED MUST BE <math>\leq</math> DATE TED RECORD PROCESSED TO COMPLETION AND <math>\geq</math> FILING DATE<sup>1</sup></b>	
<sup>1</sup> NOT APPLICABLE IF THE TED RECORD IS A PROVISIONAL ERROR CORRECTION ADJUSTMENT, RETAIN THE INFORMATION AS REPORTED ON THE TED RECORD THAT IS BEING CORRECTED.	

<b>ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (1-050)</b>	
<b>VALIDITY EDITS</b>	
<b>1-050-01V</b>	MUST BE 9 NUMERIC DIGITS (CANNOT BE ALL ZEROES <b>OR</b> ALL NINES).
<b>RELATIONAL EDITS</b>	
NONE	

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**ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (1-051)**

**VALIDITY EDITS**

**1-051-01V** MUST BE A VALID VALUE LOCATED IN [CHAPTER 2, SECTION 2.7](#).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PAY GRADE CODE (SPONSOR) (1-056)**

**VALIDITY EDITS**

**1-056-01V** MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PAY PLAN CODE (SPONSOR) (1-057)**

**VALIDITY EDITS**

**1-057-01V** MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

**RELATIONAL EDITS**

<b>1-057-01R</b>	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>THEN</b> PAY PLAN CODE (SPONSOR) MUST =	FA	FOREIGN SERVICE CHIEFS OF MISSION <b>OR</b>
		FC	FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT <b>OR</b>
		FD	FOREIGN DEFENSE <b>OR</b>
		FE	SENIOR FOREIGN SERVICE <b>OR</b>
		FO	FOREIGN SERVICE OFFICERS <b>OR</b>
		FP	FOREIGN SERVICE PERSONNEL <b>OR</b>
		FZ	CONSULAR AGENT DEPARTMENT OF STATE
<b>1-057-02R</b>	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =	H	PHS <b>OR</b>
		O	NOAA
	<b>THEN</b> PAY PLAN CODE (SPONSOR) MUST ≠	ME	ENLISTED
<b>1-057-03R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PFPWD
	<b>THEN</b> PAY PLAN CODE (SPONSOR) MUST =	ME	ENLISTED <b>OR</b>
		MO	OFFICER <b>OR</b>
		MW	WARRANT OFFICER

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**ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)**

**VALIDITY EDITS**

**1-060-01V** MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.8](#))

**RELATIONAL EDITS**

REFER TO [CHAPTER 2, SECTION 9.1](#)

**ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)**

**VALIDITY EDITS**

**1-065-01V** MUST BE A VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO [CHAPTER 2, SECTION 2.4](#))

**RELATIONAL EDITS**

[REFER TO CHAPTER 2, SECTION 9.1](#)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR) (1-066)**

**VALIDITY EDITS**

**1-066-01V** MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

<b>1-066-01R</b>	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY CODE MUST ≠	A	ACTIVE DUTY <b>OR</b>
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J	ACADEMY STUDENT <b>OR</b>
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T	FOREIGN MILITARY MEMBER <b>OR</b>
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	AA	CHCBP - EXTRA <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		W	TPR ACTIVE DUTY CLAIMS-USA <b>OR</b>
		WO	TPR FOREIGN (ADSM & FAMILY) <b>OR</b>
		X	FOREIGN ADSM <b>OR</b>

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR) (1-066) (CONTINUED)</b>			
		Y	CHCBP --STANDARD
<b>1-066-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PFPWD
	<b>THEN HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J	ACADEMY STUDENT <b>OR</b>
		P	TAMP MEMBER <b>OR</b>
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>1-066-03R</b>	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>THEN ONE OCCURRENCE OF OVERRIDE CODE =</b>	M	NATO
<b>1-066-04R</b>	IF HCC MEMBER CATEGORY CODE =	Z	UNKNOWN
	<b>THEN TYPE OF SUBMISSION MUST =</b>	C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070)			
VALIDITY EDITS			
1-070-01V	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO <a href="#">SECTION 2.5</a> )		
RELATIONAL EDITS			
1-070-01R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE <sup>1</sup> < 17		
	THEN HCC MEMBER RELATIONSHIP CODE ≠	A	SELF
1-070-02R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE <sup>1</sup> < 12		
	THEN HCC MEMBER RELATIONSHIP CODE ≠	B	SPOUSE <b>OR</b>
		G	SURVIVING SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
1-070-03R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE <sup>1</sup> ≥ 21		
	THEN HCC MEMBER <b>RELATIONSHIP</b> CODE MUST ≠	C	CHILD OR STEPCHILD <b>OR</b>
		D	WARD (NOT COURT ORDERED) <b>OR</b>
		E	WARD (COURT ORDERED)

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED)</b>			
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	D	PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER
<b>1-070-04R</b>	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE <sup>1</sup> < 34		
	THEN HCC MEMBER RELATIONSHIP CODE ≠	H	FORMER SPOUSE (20/20/20) <b>OR</b>
		I	FORMER SPOUSE (20/20/15) <b>OR</b>
		J	FORMER SPOUSE (10/20/10) <b>OR</b>
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	I	PATIENT IS A FOMER SPOUSE UNDER 34 YEARS OF AGE
<b>1-070-05R</b>	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>AND HCC MEMBER RELATIONSHIP CODE ≠</b>	<b>A</b>	<b>SELF</b>
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE <b>OR</b>
		C	CHILD OR STEPCHILD <b>OR</b>
		D	WARD (NOT COURT ORDERED) <b>OR</b>
		E	WARD (COURT ORDERED)
<b>1-070-06R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PFPWD
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE <b>OR</b>
		C	CHILD OR STEPCHILD <b>OR</b>
		D	WARD (NOT COURT ORDERED) <b>OR</b>
		E	WARD (COURT ORDERED) <b>OR</b>
		G	SURVIVING SPOUSE
<b>1-070-07R</b>	IF HCC MEMBER CATEGORY CODE=	H	MEDAL OF HONOR RECIPIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
		B	SPOUSE <b>OR</b>
		C	CHILD OR STEPCHILD <b>OR</b>
		G	SURVIVING SPOUSE
<b>1-070-08R</b>	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	<b>A</b>	<b>SELF</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.			

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**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED)**

THEN ANY OCCURRENCE  
OF SPECIAL PROCESSING  
CODE MUST =

AN SHCP - NON-REFERRED CARE OR

AR SHCP - REFERRED OR

SC SHCP - NON-TRICARE ELIGIBLE OR

SM SHCP - EMERGENCY

OR ENROLLMENT/  
HEALTH PLAN CODE  
MUST =

SN SHCP - NON-MTF REFERRED OR

SO SHCP - NON-TRICARE ELIGIBLE OR

SR SHCP - REFERRED

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

**ELEMENT NAME: PERSON LAST NAME (PATIENT) (1-076)**

**VALIDITY EDITS**

1-076-01V MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON FIRST NAME (PATIENT) (1-077)**

**VALIDITY EDITS**

1-077-01V MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (1-078)**

**VALIDITY EDITS**

1-078-01V NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (1-079)**

**VALIDITY EDITS**

1-079-01V NONE

**RELATIONAL EDITS**

NONE



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<b>ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (1-080)</b>	
<b>VALIDITY EDITS</b>	
<b>1-080-01V</b>	MUST BE 9 NUMERIC DIGITS (IF PRESENT) OR ALL BLANKS. CANNOT BE ALL ZEROES OR ALL NINES.
<b>RELATIONAL EDITS</b>	
NONE	
<b>ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (1-081)</b>	
<b>VALIDITY EDITS</b>	
<b>1-081-01V</b>	MUST HAVE A VALID VALUE LISTED IN <a href="#">CHAPTER 2, SECTION 2.7</a> .
<b>RELATIONAL EDITS</b>	
NONE	
<b>ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (1-085)</b>	
<b>VALIDITY EDITS</b>	
<b>1-085-01V</b>	MUST BE A VALID GREGORIAN DATE
<b>RELATIONAL EDITS</b>	
<b>1-085-01R</b>	PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE 125 YEARS OR LESS THAN SYSTEM RUN DATE
<b>1-085-02R</b>	PERSON BIRTH CALENDAR DATE (PATIENT) ≤ BEGIN DATE OF CARE
<b>1-085-03R</b>	PERSON BIRTH CALENDAR DATE (PATIENT) ≤ ADMISSION DATE
<b>ELEMENT NAME: PATIENT IDENTIFIER (DoD) (1-095)</b>	
<b>VALIDITY EDITS</b>	
NONE	
<b>RELATIONAL EDITS</b>	
NONE	
<b>ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (1-097)</b>	
<b>VALIDITY EDITS</b>	
<b>1-097-01V</b>	POSITIONS 10 AND 11 MUST BE NUMERIC
<b>RELATIONAL EDITS</b>	
NONE	

